



PATENT APPLICATION
Attorney Docket No. 07574.0079.PCUS00


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: BERGQUIST, Åke
SERIAL NO.: 09/883 888 GROUP ART UNIT: 3464
FILED: 15 June 2001 EXAMINER: COURSON, Tania C.
ENTITLED: MOTOR VEHICLE

CERTIFICATE of HAND DELIVERY

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Daniel Hernandez

Commissioner of Patents
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REPLY UNDER 37 C.F.R. § 1.111

Dear Sir:

This Reply is in response to the Non-Final Office Action dated 10 May 2002. In reply to that outstanding Office Action, Applicants submit the following Amendments and Remarks –

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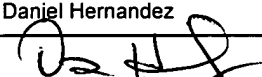
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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/883,888 | |
| | Filing Date | 06/15/2001 | |
| | First Named Inventor | BERGQUIST | |
| | Group Art-Unit | 2859 | |
| | Examiner Name | COURSON, T. | |
| Total Number of Pages in This Submission | 21 | Attorney Docket Number | 07574.0079.PCUS00 |

| ENCLOSURES (check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Proposed Amended Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Declaration/Power of Attorney - Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard. |
| Remarks | | Please change the Attorney Docket No. on all future correspondence to 07574.0079.PCUS00. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | HOWREY SIMON ARNOLD & WHITE, LLP David P. LeCroy |
| Date | 09/11/2002 |

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